



TOWN OF STERLING

Building Department
1 Park Street, Sterling, MA 01564
Bus: (978) 422-8111 Fax: (978) 422-0289

Commercial Building Permit Application To Construct, Repair, Renovate or Demolish any Commercial Building

CODE REQUIREMENTS FOR COMMERCIAL BUILDING PERMITS

- **780 CMR** (The State Building Code), Section 105.1 indicates that "It shall be unlawful to construct, reconstruct, alter, repair, remove or demolish a building or structure; or to change the use or occupancy of a building or structure; or to install or alter any equipment for which provision is made or the installation of which is regulated by 780 CMR without first filing a written application with the building official and obtaining the required permit therefore."
- **Section 108.1 indicates** that "A building permit shall be required for temporary structures, unless exempted by 780 CMR 105.2. Such permits shall be limited as to time of service, but such temporary construction shall not be permitted for more than one year."
- **Section 105.3 indicates** that "Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either. If application is made other than by the owner, the written authorization of the owner shall accompany the application. Such written authorization shall be signed by the owner, or shall grant permission to the lessee to apply for the permit. The full names and addresses of the owner, lessee, applicant and the responsible officers, if the owner or lessee is a corporate body, shall be stated in the application."
- **Section 109.1 indicates** that "A permit to begin work for new construction, alteration, removal, demolition or other building operation shall not be issued until the fees prescribed in 780 CMR 109 shall have been paid to the department of building inspection or other authorized agency of the jurisdiction, nor shall an amendment to a permit necessitating an additional fee be approved until the additional fee has been paid."

FILING INSTRUCTIONS

1. Please contact the city or town where the work will be done to ensure that the city or town will accept this application form and if any additional information is required, and obtain the correct mailing address. After doing so, print the application, fill in completely and then submit to the Town of Sterling.
2. All applications shall be considered complete and will be reviewed if construction documents, specifications, fee, and other materials that may be required as indicated in the Commercial Building Permit application are included with the application.
3. Please include a check for the Commercial Building Permit fee. The fee may be calculated using the information to be supplied in Section 12 of the Commercial Building Permit Application. The check is to be made payable to the ***Town of Sterling***.



TOWN OF STERLING

Massachusetts State Building Code (780 CMR) Eighth Edition

Building Application for any Commercial Building

Approved by: Mark Brodeur, CBO, Inspector of Buildings

Date_____

SECTION 1: LOCATION

Project Address: _____

Block _____ Lot _____

Owner of Record: _____

Address of Owner: No. and Street _____

City/Town and Zip Code _____

SECTION 2: PROPOSED WORK

If new construction, check here ☐ **or** check all that apply in the two rows below:

Existing Building ☐ Repair ☐ Alteration ☐ Addition ☐ Demolition ☐

Change of Use ☐ Change of Occupancy ☐ Other ☐ Specify _____

Are building plans and/or construction documents being supplied as part of this permit application?

Yes ☐ No ☐

Is an Independent Structural Engineering Peer Review required? Yes ☐ No ☐

Brief description of proposed work:

SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an ***Existing Building Evaluation*** is enclosed (IEBC 2009) ☐

Existing Use Group(s): _____ Proposed Use Group(s): _____

Existing Hazard Index 780 CMR 34: _____ Proposed Hazard Index 780 CMR 34: _____

SECTION 4: BUILDING HEIGHT AND AREA

Existing Proposed

No. of Floors/Stories (include basement levels) and Area Per Floor (sq. ft.)

Total Area (sq. ft.) and Total Height (ft.)

SECTION 5: USE GROUP (Check as applicable)

A. Assembly: A-1 () ; A-2r () ; A2nc () ; A-3 () ; A-4 () ; A-5 ()

B. Business: ()

E. Educational ()

F. Factory F-1 () ; F-2 ()

H. High Hazard H-1 () ; H-2 () ; H-3 () ; H-4 () ; H-5 ()

I. Institutional I-1 () ; I-2 () ; I-3 () ; I-4 ()

M. Mercantile ()

R. Residential R-1 () ; R-2 () ; R-3 () ; R-4 ()

S. Storage S-1 () ; S-2 ()

U. Utility ()

Special Use () and please describe below

Special Use _____

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA () ; IB () ; IIA () ; IIB () ; IIIA () ; IIIB () ; IV () ; VA () ; VB ()

SECTION 7: SIGNATURES NEEDED

Tax Collector: _____

For All Projects (MGL c 40 § 57)

Board of Health: _____

For projects that might affect your sewage disposal system.

Water District _____

If the property is connected to Municipal Water

DPW / Streets _____

Curb cut, street opening, driveway

Sewer Division _____

Connection to Sewer System

Fire Department _____

Fire Alarm, Sprinkler

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____; Use Group(s) _____; Type of Construction: _____;

Occupant Load per Floor: _____; Does the building contain a Sprinkler System? _____;

Special Stipulations: _____

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name of Property Owner: _____

No. and Street: _____

City/Town and Zip _____

Property Owner Contact Information:

Title _____ Telephone _____ Cell _____ E-mail address _____

If applicable, the property owner hereby authorizes the following to act on the property owner's behalf, in all matters relative to work authorized by this building permit application:

Name: _____

No. and Street: _____

City/Town and Zip _____

SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 2)

(If building is less than 35,000 cu. Ft. of enclosed space and/or not under Construction Control then check here ☐ and skip Section 10.1)

10.1 Registered Professional Responsible for Construction Control

Name (Registrant)	Telephone No.	E-mail Address	Registration Number
Street Address	City/Town	State	Zip
Discipline	Expiration Date		

10.2 General Contractor

Company Name			
Name of Person Responsible for Construction	License No. and Type (if applicable)		
Street Address	City/Town	State	Zip
Business Telephone No.	Cell No	E-mail Address	

(M.G.L. c. 152 §25C(6))

A Workers' Compensation Insurance Affidavit from the MA Dept. of Industrial Accidents must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Is a signed Affidavit submitted with this application? Yes () No ()

SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE

<u>Item</u>	<u>Estimated Costs: (Labor and Materials)</u>	
1. Building	\$	Total Construction Cost (from Item 6) = \$_____
2. Electrical	\$	Building Permit Fee = Total Construction Costs x \$7.00 (Insert appropriate municipal factor) \$_____
3. Plumbing	\$	Note: Minimum fee = \$100
4. Mechanical (HVAC)	\$	Enclose check payable to <i>Town of Sterling.</i> Write check number here _____
5. Mechanical (Other)	\$	
6. Total Cost	\$	

SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Name	Telephone Number	Date
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Street Address, City/Town, State and Zip Code

Appendix 1

For the demolition of structures the building code requires action on service connections.

780 CMR 112.0 DEMOLITION OF STRUCTURES

3303 Service Connections.

Before a building or structure is demolished or removed, the owner or agent shall notify all utilities having service connections within the structure such as water, electric, gas, sewer and other connections. A permit to demolish or remove a building or structure shall not be issued until a release is obtained from the utilities, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner. All debris shall be disposed of in accordance with 780 CMR 111.5.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Property Location (Please indicate Block # and Lot # for locations for which a street address is not available.)

For the above described property the following action was taken:

Water Shut Off?	Yes () No ()	Provider notified and Release obtained?	Yes () No ()
Gas Shut Off?	Yes () No ()	Provider notified and Release obtained?	Yes () No ()
Electricity Shut Off?	Yes () No ()	Provider notified and Release obtained?	Yes () No ()
_____	Yes () No ()	Provider notified and Release obtained?	Yes () No ()
Other (if applicable)			
_____	Yes () No ()	Provider notified and Release obtained?	Yes () No ()
		Other (if applicable)	

Appendix 2

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required for this. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

Checklist for Construction Documents*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction. Work started prior to approval may be subjected to *triple the original permit fee*.

Registered Professional Contact Information

_____	_____	_____	_____
Name (Registrant)	Telephone No.	Email Address	Registration Number
_____	_____	_____	_____
Street Address	City/Town, State, Zip	Discipline	Expiration date
<hr/> <hr/>			
_____	_____	_____	_____
Name (Registrant)	Telephone No.	Email Address	Registration Number
_____	_____	_____	_____
Street Address	City/Town, State, Zip	Discipline	Expiration date
<hr/> <hr/>			
_____	_____	_____	_____
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